



Health problems and the health care provider choices: A comparative study of urban and rural households in Egypt

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Patient referral

Abstract *Objective:* To assess families' health problems and the health facility choices in an urban and a rural district in Egypt.

Methods: A cross-sectional descriptive study with a multi-stage random sample of 948 urban and 401 rural households was undertaken in a district of Cairo and rural Giza. Data was collected through interviews. The questionnaire addressed health problems and the use of health services within the fortnight prior to the survey.

A follow-up of a sub-sample of 285 urban and 114 rural households was carried out 2–3 weeks after the first interview to assess the outcome of complaints. The EPI Info Statistical Package was used for analysis and comparing urban and rural families.

Results: Over 60% of urban and 78.8% of rural families had health complaints - respiratory, gastrointestinal and musculoskeletal. Outpatient clinics in public hospitals were the first choice for 49.7% of urban families and 23% of rural, while 25.7% of urban and 42.8% of rural families visited private clinics. Over half of the families with complaints recover from their illnesses within a fortnight.

Conclusion: Urban families have less health complaints than rural; however, rural families recover sooner. Families bypass often public primary health care services. Urban families overuse outpatient clinics in public hospitals.

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1. Introduction

Health is a fundamental human right. In 1950s, access to free health services was considered a constitutional right of every citizen in Egypt. The Health Sector Reform program and the national

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initiative Healthy Egyptian 2010 both aim to assure universal access to primary and family health care and to provide the entire population with a basic package of priority services based on needs [1]. Over 90% of Egypt's population has access to the Ministry of Health (MOH) primary health care (PHC) units. In addition, there are seven other health sectors providing services: private sector, non-governmental organizations (NGO), Health Insurance, Curative Organization, universities, Armed Forces and others. In rural areas, aside from the MOH health units or district hospitals, there are private clinics and NGO polyclinics. Urban areas in all governorates have Health Insurance, as well as some university hospitals. Only urban governorates have all health sectors. Public sector facilities are either free of charge or charge minimum fees. Families choose which health facility they want to visit. Over 50% of the population is covered by health insurance.

Only a few studies in Egypt were conducted on families' utilization of services. The Egypt Demographic Health Survey (EDHS) [2] disclosed that for women's health and maternal health care, 19.1% of women used the public health sector and 54.5% the private sector and 26.4% had no care. In addition, health complaints and utilization differ according to seasonal variations and weather conditions [3,4]. The utilization of health services is associated with the availability and accessibility of the facility and the effectiveness and efficiency of the services provided. Women in the EDHS [2] mentioned that they have problems with regards to accessing health care as they are concerned that they would not find any provider or a female provider or the medication. In addition, patients' satisfaction is related to the person's characteristics, the vicinity of the facility, health system conditions and the quality of services. Differences can exist in health needs as well as in the effectiveness and the quality of care given by different health units, e.g. urban versus rural settings [5]. This study raises the questions: Which health problems or complaints do families in an urban and a rural area have? Which health care facilities do they use? Do they make use of public primary health care facilities?

The objectives of this study are:

- To assess families' health problems in an urban and a rural district in Egypt during a two-week period;
- To assess families' health facility preferences.

2. Methods

2.1. Study area

A district was chosen randomly from Egypt's Cairo and Giza governorates representing an urban and a rural area. One district out of 29 districts of Cairo was chosen. The district has two university hospitals, one Health Insurance hospital, 11 private hospitals, 12 MOH health units, 181 private clinics and 104 pharmacies. In the rural district of Giza, 9 out of the 28 villages were chosen randomly. The rural area has one MOH district hospital, 21 MOH health units, 40 private clinics and 15 pharmacies.

2.2. Design

A cross-sectional descriptive study with a multi-stage random sample of 948 urban and 401 rural households was undertaken during the winter. In addition, a follow-up and re-interview of a sub-sample of 285 urban and 114 rural households were carried out 2–3 weeks after the first interview to assess the outcome, to determine whether they changed the services if their complaints persisted and the reasons for the change.

2.3. Sampling

The catchment area of one of the university hospitals in the Cairo district was chosen. From the hospital, a street was chosen from each cardinal direction to interview 1000 households representing at least 3% of the households in the area. Out of 1253 households visited, only those with children under 18 years were eligible and therefore interviewed. A total of 450 rural households were interviewed in the nine villages. Approximately 20 to 80 households were interviewed per village representing 3% of the households. Public health physicians (20) were trained and carried out the surveys.

2.4. Tools

Of the total number of questionnaires carried out, only 948 urban and 401 rural households were included in the study as either nobody was at home at the time of the survey or some questionnaires were incomplete. Either male or female head of households were interviewed depending on who was present at the time of the survey. Apart from demographic characteristics, the questionnaire comprised subjective health complaints, choice of health services within the fortnight prior to

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